

# Northern Neck (PDC 17) Coordinated Human Service Mobility Plan

Counties: Lancaster,  
Northumberland,  
Richmond, and  
Westmoreland

## June 2008

*prepared for*  
**Virginia Department of Rail and Public Transportation**

*prepared by*  
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**Northern Neck (PDC 17)  
Coordinated Human Service Mobility Plan  
June 2008**

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## **I. Executive Summary**

This Coordinated Human Service Mobility (CHSM) Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act—A Legacy for users, P.L. 109-59), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute (JARC), Section 5317-New Freedom Program, and Section 5310-Elderly individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the Northern Neck Planning District Commission (PDC 17) that is focused on unmet transportation needs of seniors, people with disabilities, and people with low incomes.

This CHSM Plan details the coordinated transportation planning process for PDC 17, and includes the following four elements:

1. An assessment of available services identifying current providers (public and private).

Information on available transportation services and resources in PDC 17 is included in Section VI.

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes – this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.

For PDC 17, an analysis of demographics and potential destinations is included in Section V, and an assessment of unmet transportation needs and gaps is contained in Section VII.

3. Strategies and/or activities and/or projects to address identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

The strategies identified during the planning process, along with potential projects, are located in Section VIII.

4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The prioritized strategies and projects for implementation for PDC 17 are included in Section IX.

### **Approach to the CHSM Plan**

Ultimately, the CHSM Plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities, and persons of low income;
- Establish priorities to incrementally improve mobility for the target populations; and
- Develop a process to identify partners interested, willing, and able to promote community mobility for the target populations.

To achieve those goals, the planning process involved:

- Quantitative analyses to identify resources, needs and potential partners;
- Qualitative activities including public meetings with major agencies and organizations that fund human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services to provide initial information tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

## **II. Introduction**

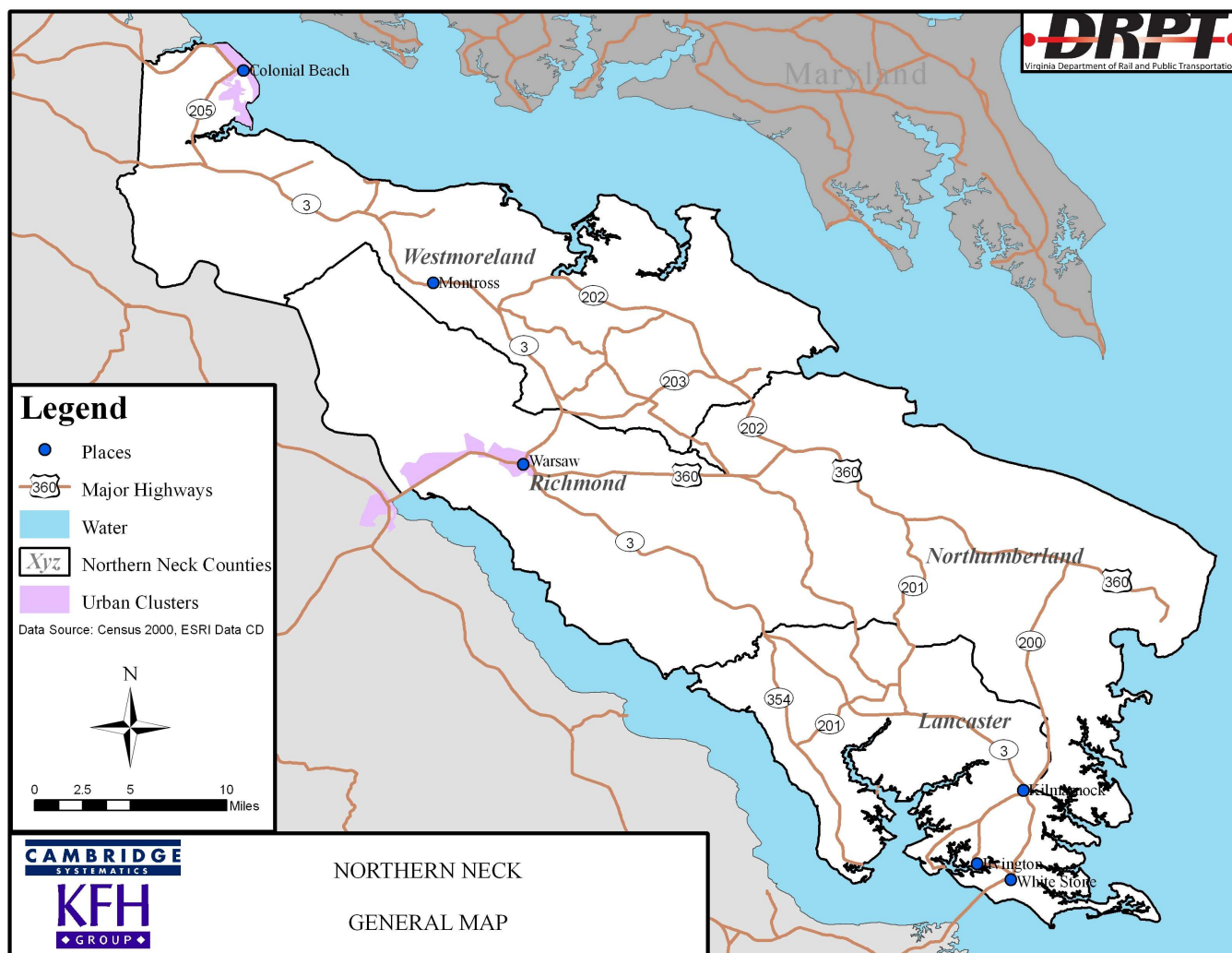
The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs. To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of Coordinated Human Service Mobility (CHSM) Plans for rural and small urban areas. As suggested by the title, these plans take a broad view of the mobility issues faced daily by older adults, people with disabilities and people with lower incomes in the Commonwealth.

The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth. The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale.

This CHSM Plan is for the Northern Neck PDC (PDC 17). Shown in Figure 1, PDC 17 is located in the eastern part of the Commonwealth, and north of the City of Richmond, the Middle Peninsula and the Hampton Roads region. It includes the counties of Lancaster, Northumberland, Richmond, and Westmoreland. Aside from Warsaw and Colonial Beach, PDC 17 is rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

The plan development featured continuous input from local stakeholders. A series of workshops was conducted to gather input on unmet transportation needs and issues, and to reach consensus on specific strategies to address the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. More information on outreach activities is included in Section IV.

**Figure 1. Geography of Northern Neck (PDC 17)**



### III. Background

In August 2005, the President signed into law the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the Federal Transit Administration's (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs “must be derived from a locally developed, coordinated public transit- human services transportation plan”.

In March 2006, FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement<sup>1</sup>. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

#### 3.1 Coordinated Plan Elements

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements.

- An assessment of available services that identifies current providers (public, private, and non-profit);
- As assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;

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<sup>1</sup> The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in Appendix A.

- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

### 3.2 Funding Program Descriptions

#### Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

#### Section 5316 (Job Access and Reverse Commute—JARC)

The Job Access and Reverse Commute (JARC) Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible for both capital (80/20 match) and operating (50/50 match).

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also specifies that, through this formula mechanism, 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the Federal share of eligible project costs is 80% (as opposed to 50% for

operating projects). Additional information on potential mobility management projects is included in Appendix B.

#### Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005 and one without an identified funding source as of that date, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible for both capital (80/20 match) and operating (50/50 match). Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA Programs is included in Table 1.

**Table 1. Program Information**

FTA Program	Match Ratios
S. 5310 – Elderly and Disabled	<u>Capital Only:</u> 80% Federal 20% Local
S. 5316 – JARC	<u>Capital:</u> 80% Federal 20% Local  <u>Operating:</u> 50% Federal 50% Local
S. 5317 – New Freedom	<u>Capital:</u> 80% Federal 20% Local  <u>Operating:</u> 50% Federal 50% Local

#### Matching Funds for Section 5310, JARC, and New Freedom Programs

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

More information on these programs is available in Appendix C, and on the United We Ride website at <http://www.unitedweride.gov>. United We Ride is the Federal initiative to improve the coordination of human services transportation.

### 3.3 Coordination of Public Transit and Human Service Transportation in PDC 17

As part of its outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops in each PDC. Details outlining the outreach efforts in PDC 17 are outlined in the next section. The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services transportation. Participants also discussed ways to improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion highlighted various functions to improve coordination of services:

- Goals of Coordination:
  - More cost-effective service delivery
  - Increased capacity to serve unmet needs
  - Improved quality of service
  - Services which are more easily understood and accessed by riders
- Benefits of Coordination:
  - Gain economies of scale
  - Reduce duplication and increase efficiency
  - Expand service hours and area
  - Improve the quality of service
- Key Factors for Successful Coordination:
  - Leadership – Advocacy and support; instituting mechanisms for coordination
  - Participation – Bringing the right State, regional, and local stakeholders to the table
  - Continuity – Structure to assure an ongoing forum, leadership to keep the effort focused, and respond to ever-changing needs

## IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. DRPT's approach began with an initial round of regional workshops throughout Virginia. Each workshop featured discussion of the new Federal coordinated transportation planning requirements, Virginia's approach to meeting these requirements, and strategies for improving coordination of transportation services for people with limited mobility options. The majority of time dedicated to each workshop offered local stakeholders the opportunity to provide input on the local transportation needs of older adults, people with disabilities and people with lower incomes, and available transportation resources.

### 4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council that includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; Aging; Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; Health; Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work with. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations:

- Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs). These boards provide or arrange for mental health, mental retardation and substance abuse services within each locality. (40 total)

- Employment Support Organizations (ESOs). These organizations provide employment services for persons with disabilities within localities around the State. (48 total)
- Area Agencies on Aging (AAAs). These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels. (22 total)
- Public Transit providers. These include publicly or privately-owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service. (50 total)
- Disability Services Boards. These boards provide information and resources referrals to local governments regarding the Americans with Disabilities Act (ADA), and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities. (41 total)
- Centers for Independent Living (CILs). These organizations serve as educational/resource centers for persons with disabilities. (16 total)
- Brain Injury Programs that serve as clubhouses and day programs for persons with brain injuries. (12 total)
- Other appropriate associations and organizations, including Alzheimer's Chapters, AARP, and the VA Association of Community Services Boards (VACSB).

## 4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of PDC 17 participated in the Warsaw workshop held on March 29, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach; information on the Section 5310, JARC, and New Freedom Programs; and a presentation of the Census-based demographic data for the region. The workshop also included the opportunity to gain input from participants on unmet transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older

adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from PDC 17 were invited to a subsequent workshop, held in Warsaw, VA on November 7, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this Plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

The third workshop for PDC 17 was held in Warsaw, VA on June 24, 2008. This workshop included a review of the April 2008 Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X. The workshop also featured an announcement from DRPT regarding the next application cycle.

A full listing of workshop participants is included in Appendix D.

#### 4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.

## **V. Demographics and Potential Destinations**

To provide an informational framework for PDC 17's CHSM Plan, data on the three potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

### **5.1 Methodology**

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and older), persons below the poverty level, as well as autoless households, were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data at the block group level for the key population segments is included in Appendix E. Mapping the geographic distribution of each segment allowed a visual representation of the analysis of high, medium, and low levels of transportation need throughout the region. Figures for these four groups were then combined into aggregate measures of transportation need, allowing evaluation of need by both density and percentage of potentially transit-dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population with such needs. General population density was also mapped to give an idea of the PDC's density compared to the maps of the numbers of people in each key population segment.

The results of the process are summarized as follows and are intended to help identify: 1) those geographic areas of the PDC that have high relative transportation needs and whether these areas are served by existing transportation services, and 2) the potential destinations that older adults, people with disabilities, and people with lower incomes need transportation to access.

## 5.2 Demographics

### Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. While fixed-route transit is more practical and successful in areas with 2,000 or more persons per square mile, specialized transportation services are typically a better fit for rural areas with less population density.

As shown in Figure 2:

- Population density in the Northern Neck PDC is very low. In fact, the entire population is spread throughout the PDC, with less than 500 persons residing per square mile.

### Number of Older Adults, People with Disabilities, and People with Lower Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 3, 4, and 5, respectively. While these numbers are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas; therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- The majority of census block groups in the PDC contain over 200 older persons.
- Clusters of block groups with medium levels of older persons who are 60 years of age and older exist in three areas. The first and largest cluster is in southern portion of Westmoreland County; next is the western portion of Northumberland County; and the last touches the previous cluster and is located in the northern portion of Lancaster County.

As shown in Figure 4:

- Individuals with disabilities are not highly concentrated in the Northern Neck region, but are rather spread throughout. Many of the block groups in the PDC have low or medium ranges of persons with disabilities.

- The only place in the PDC with a high number of persons with disabilities, consisting of 200 or more per block group, is located in Richmond County near the Warsaw area.
- Lancaster County only has one area where there exists a medium range of people with disabilities, otherwise all other areas in the county fall within the low range.

As shown in Figure 5:

- The highest concentrations of persons living below poverty are located in Richmond and Northumberland Counties; however, a smaller concentration also exists in northern Westmoreland County near Colonial Beach.
- All of Richmond County has block groups that fall within either the high or medium range of persons living below poverty.
- Block groups with the fewest people living below poverty are predominately found in both Westmoreland County and Northumberland County.

#### Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the region and on human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- Low levels of autoless households are spread throughout the PDC and are most prevalent in Northumberland and Lancaster Counties.
- The largest concentration of block groups with a medium range of autoless households is located in Richmond County.
- There are no block groups in the PDC with high levels of autoless households.

### Ranked Density and Percentage

As described earlier, the numbers of older adults, persons with disabilities, and persons below poverty, along with the number of autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations cannot simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment is ranked. Then all the rankings are summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

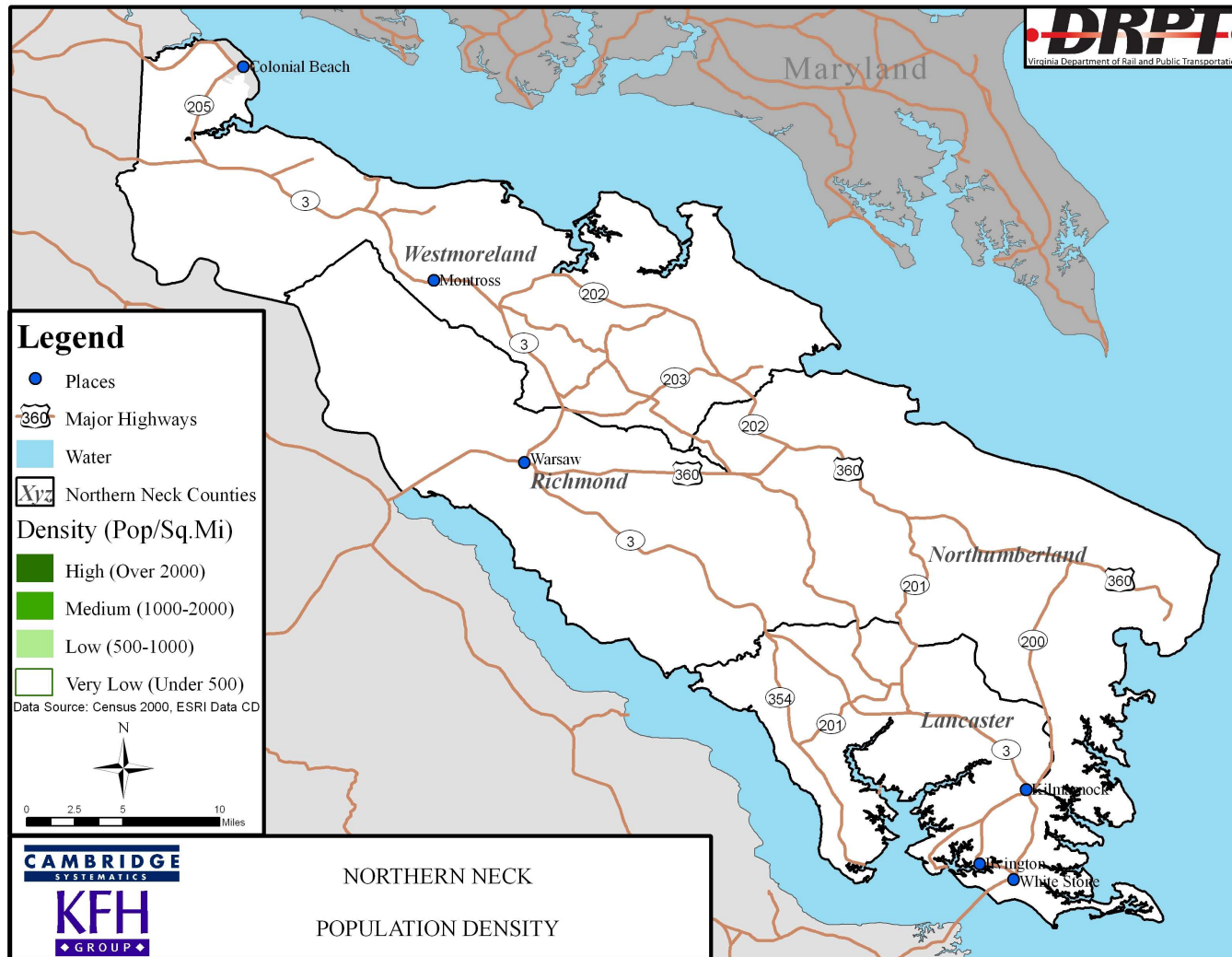
- Most of the PDC has either a low or medium relative transit need based on ranked density. However, there are pockets of high concentrations of potentially transit dependent persons located in the Counties of Westmoreland, Northumberland and Lancaster.
- The only place in the PDC that does not have a high concentration of transit need by ranked density in any of its block groups is Richmond County.

The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region that may not live in dense clusters.

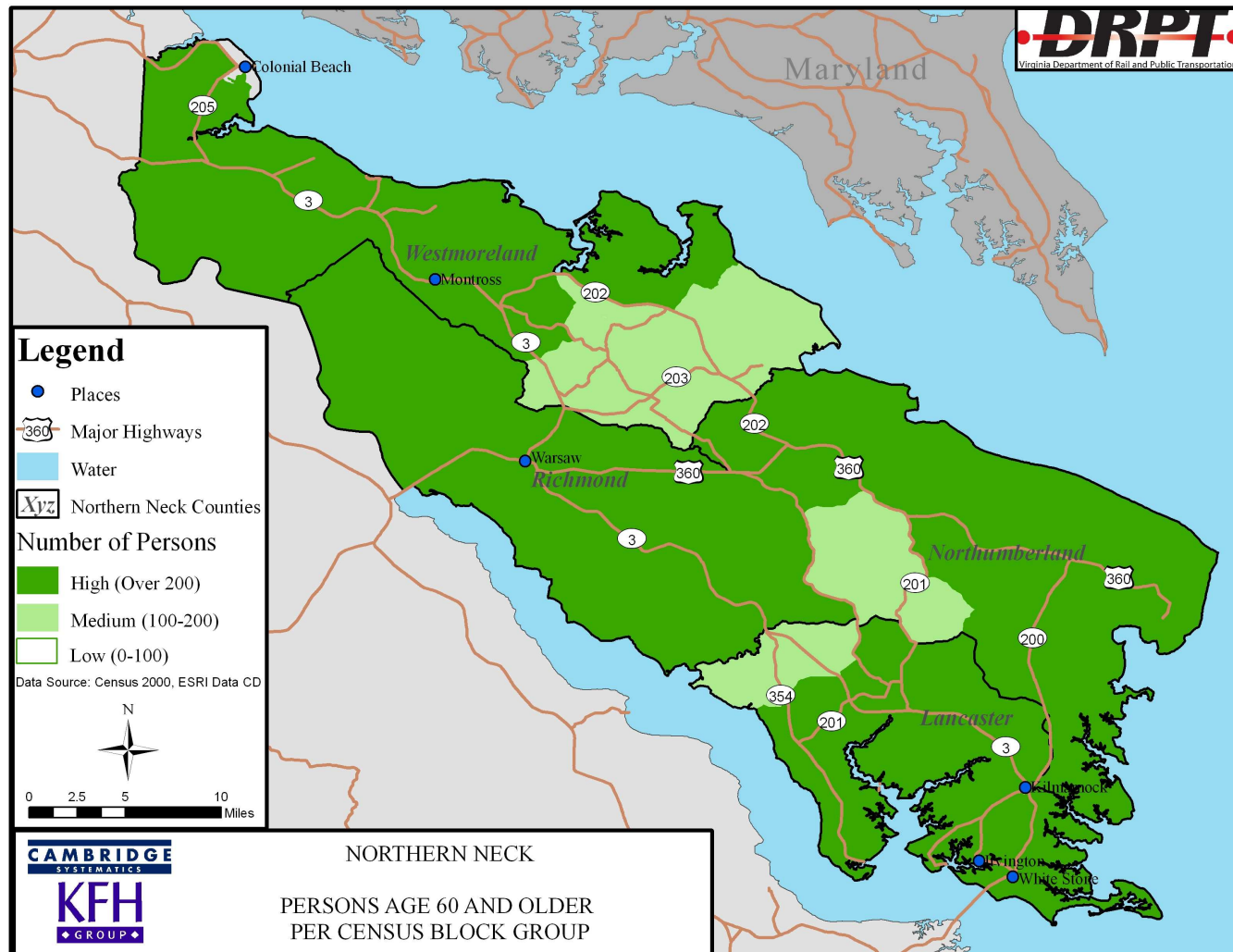
As shown in Figure 8:

- Fewer block groups with low relative transit need are evident when evaluated by relative transit need based on ranked percentage. In fact, much of the PDC has either a medium or high ranking for transit need.
- Unlike transit need based on ranked density, Richmond County's transit need based on ranked percentage has several concentrations of high rankings.

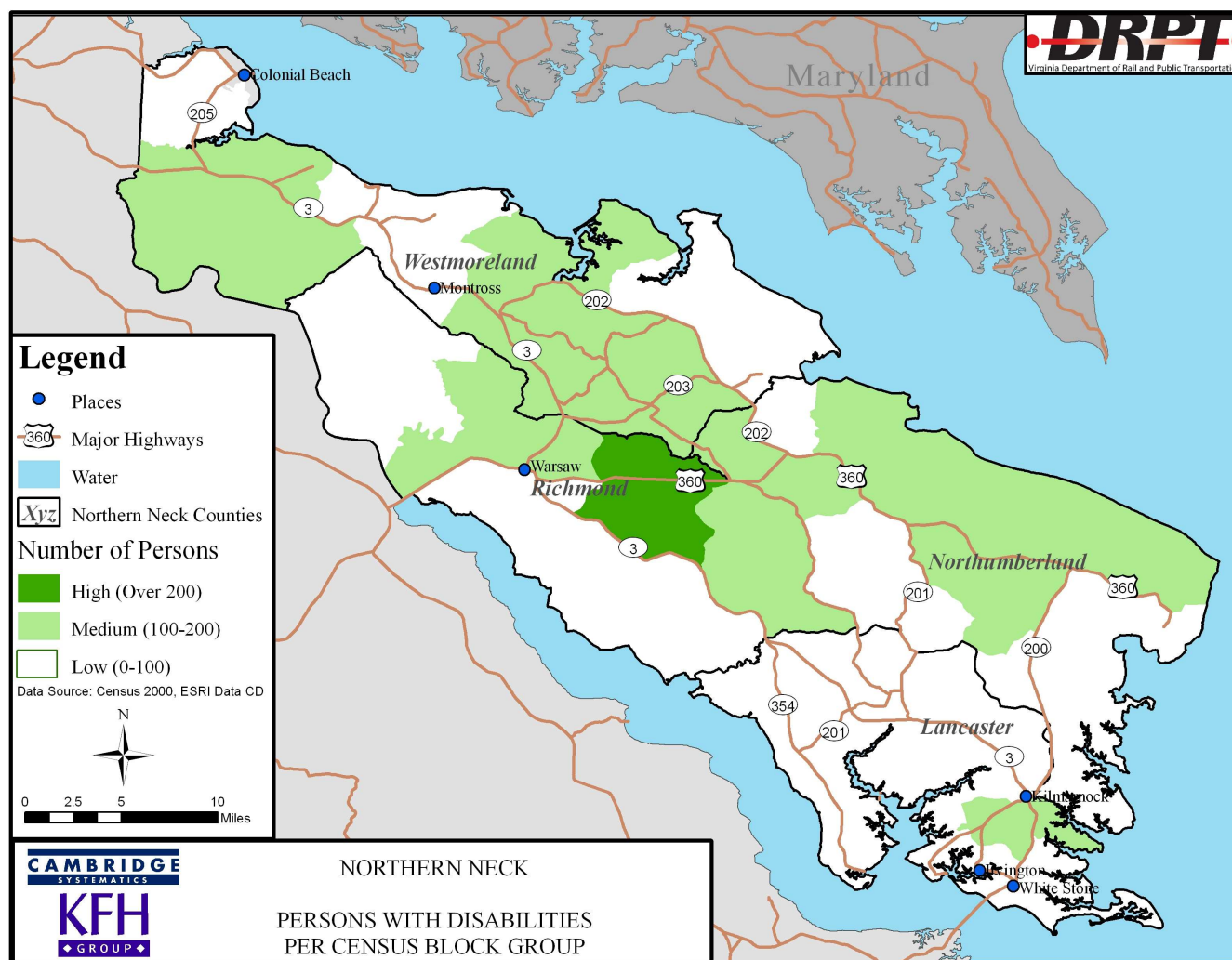
**Figure 2. Population Density**



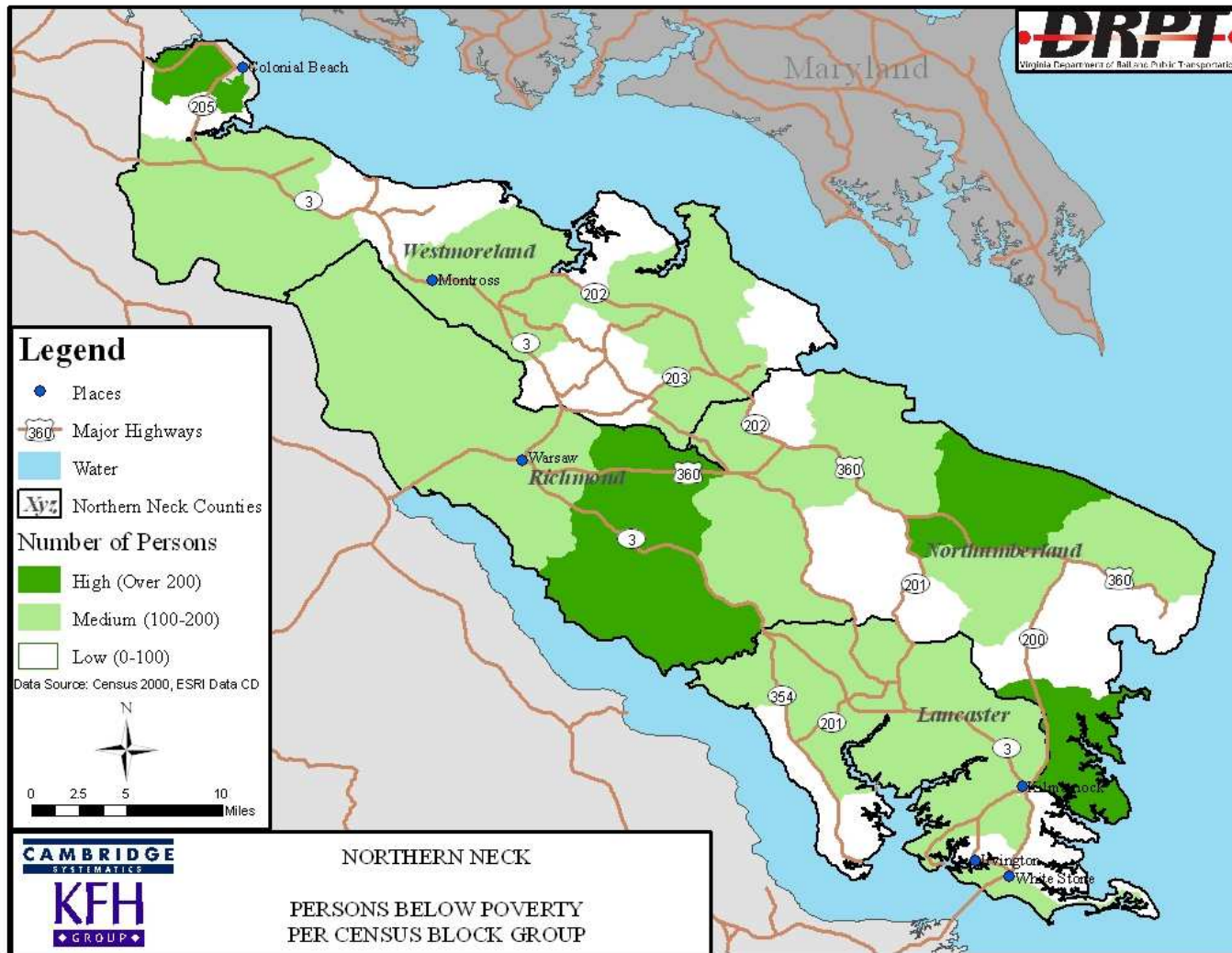
**Figure 3. Persons Age 60 and Older Per Census Block Group**



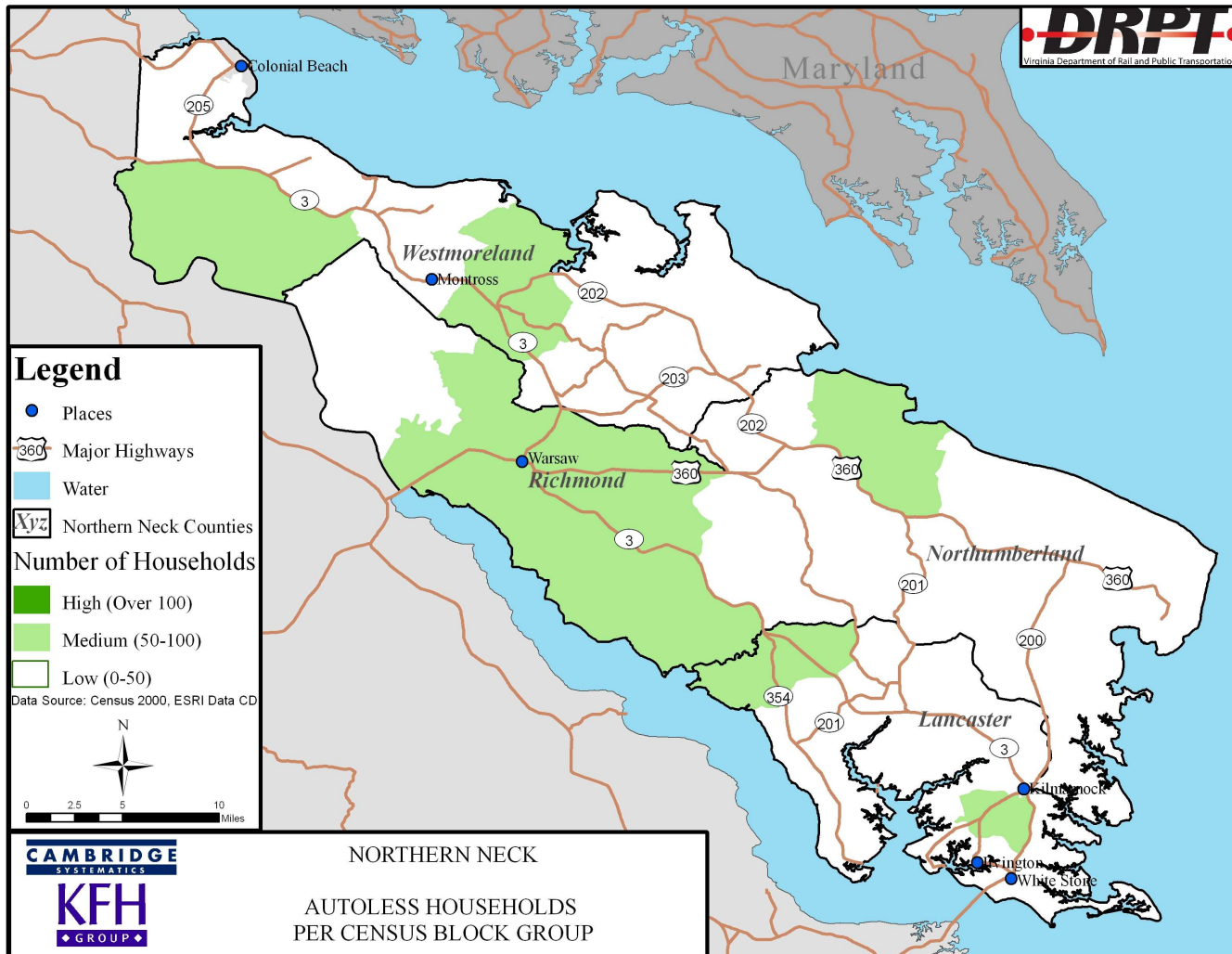
**Figure 4. Persons With Disabilities Per Census Block Group**



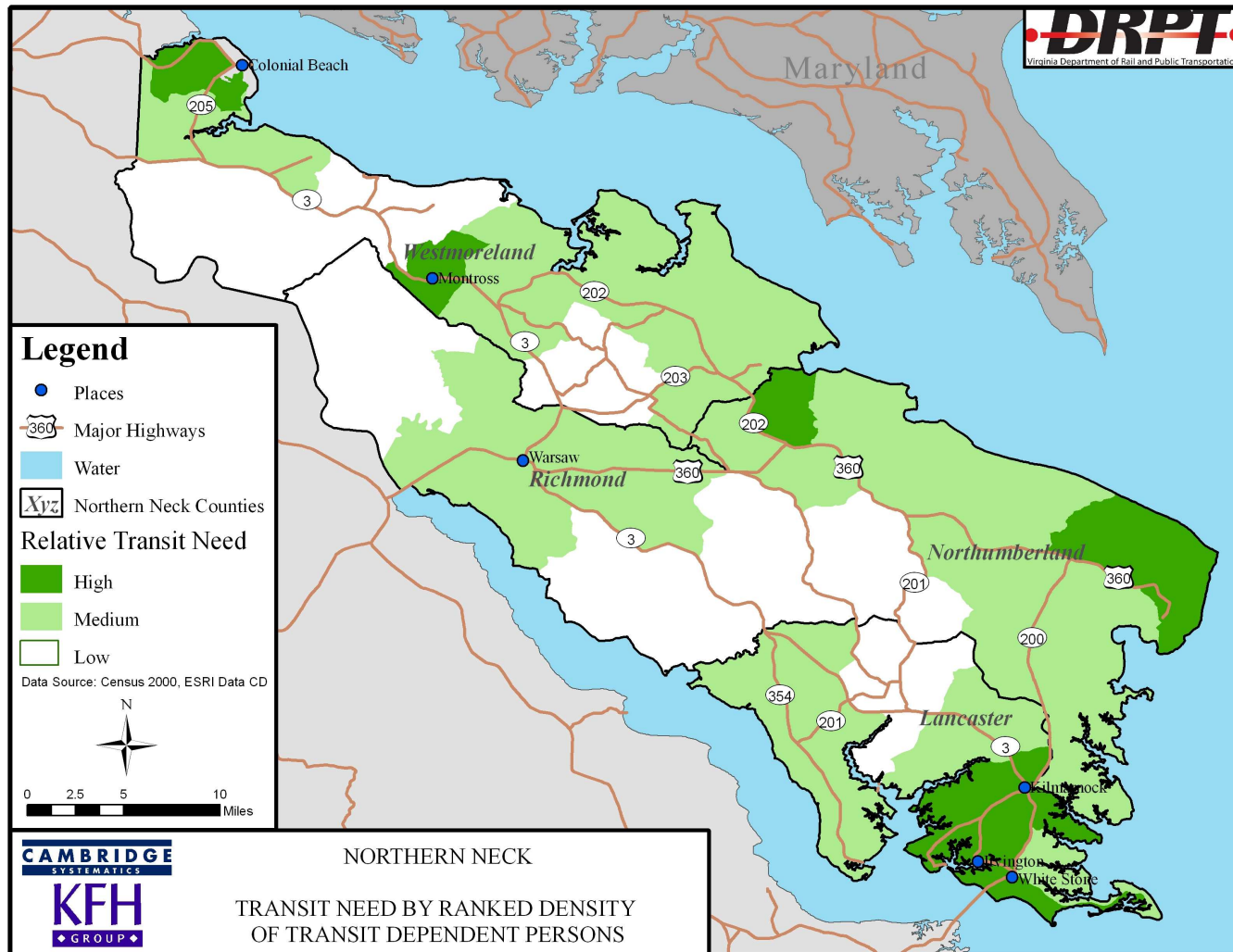
**Figure 5. Persons Below Poverty Per Census Block Group**



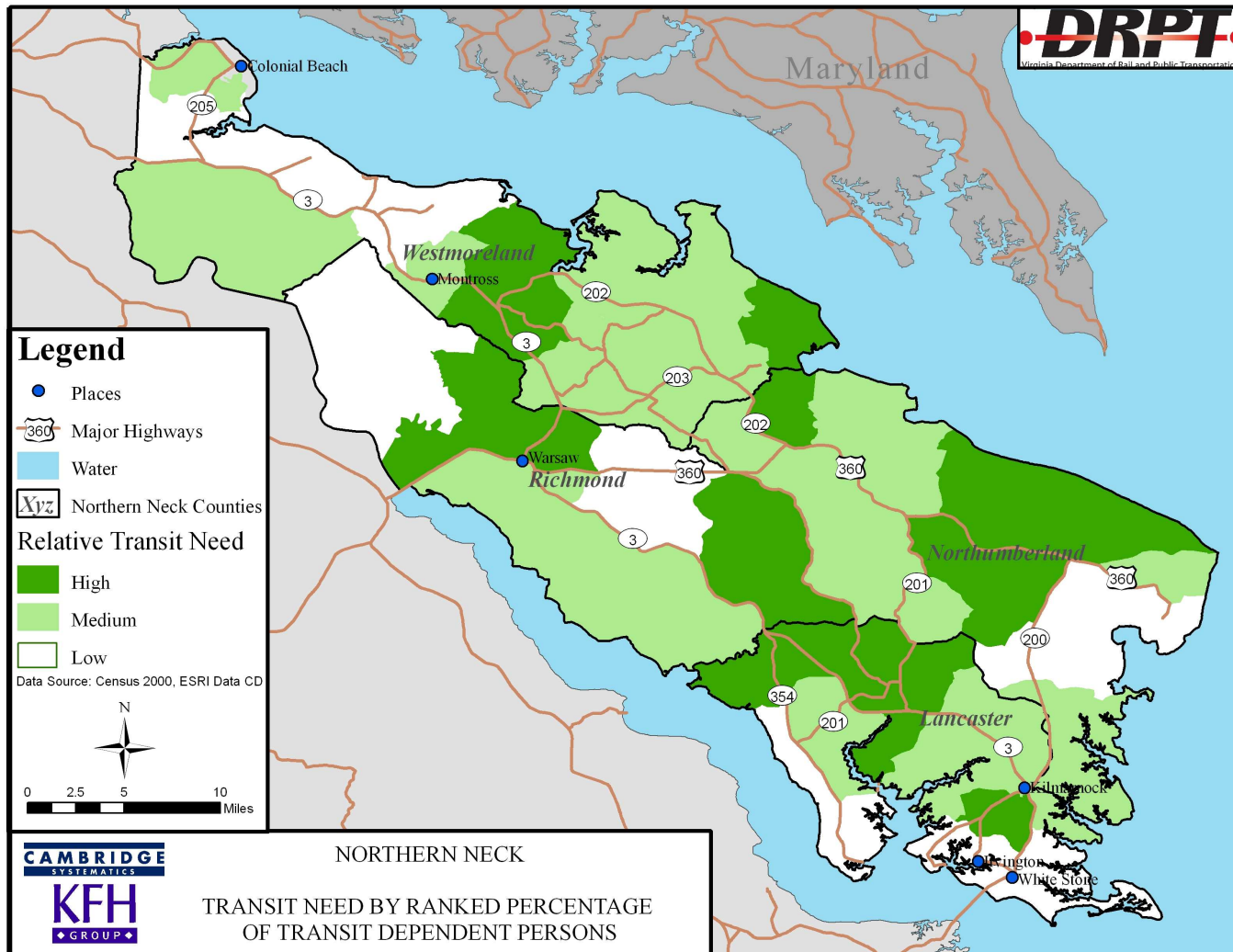
**Figure 6. Autoless Households Per Census Block Group**



**Figure 7. Transit Need by Ranked Density of Transit Dependent Persons**



**Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons**



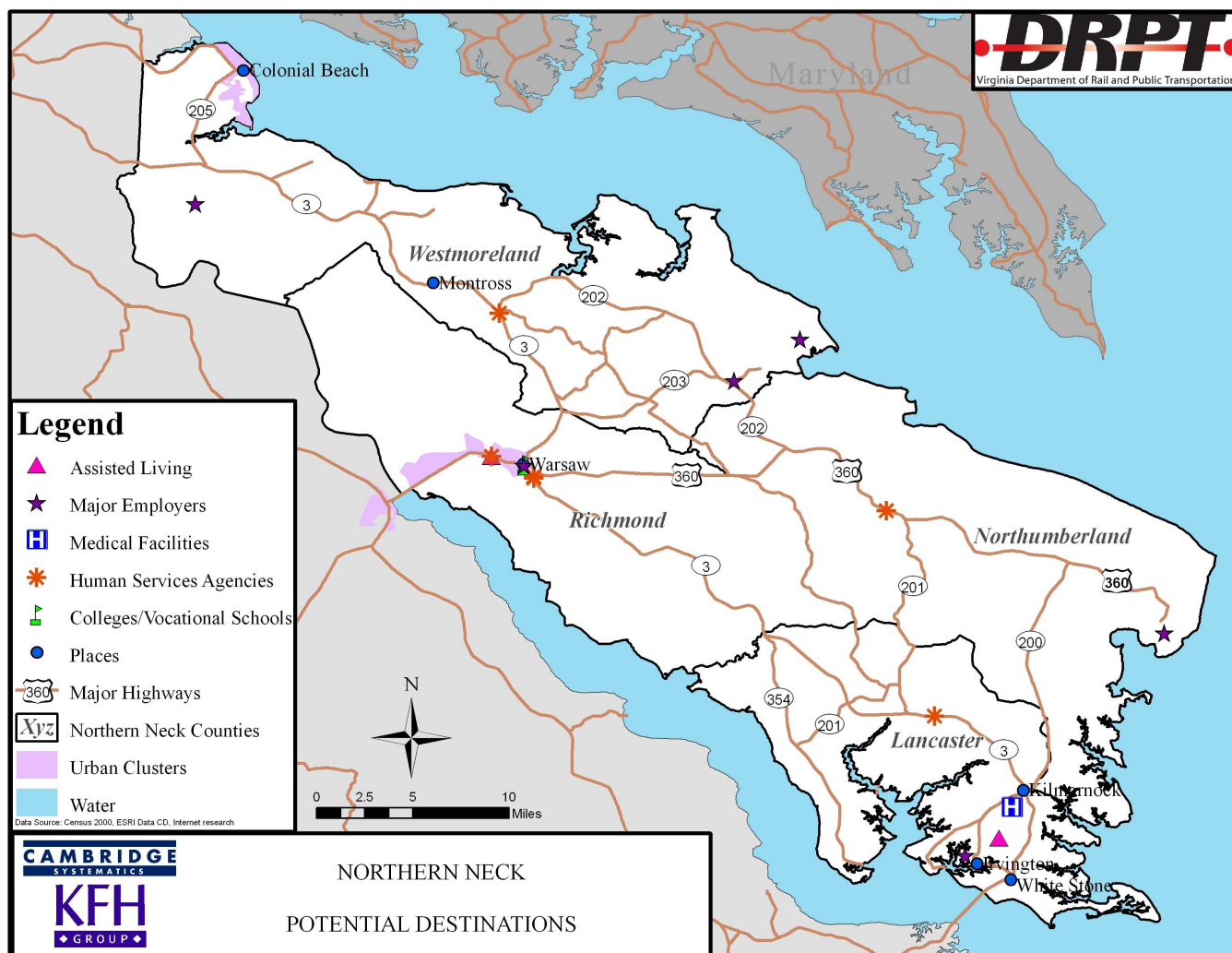
### 5.3 Potential Destinations

Potential destinations are places that residents are attracted to for business, medical services, education, community services, and recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources and supplemented with research through online search engines such as Google. Input regarding destinations at the regional workshops was also incorporated into this plan. The potential destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations are mapped in Figure 9 and listed by type and location in Table 2.

As shown in Figure 9:

- Urban clusters, which likely have higher concentrations of potential destinations, are located in Colonial Beach, Westmoreland County and Warsaw, Richmond County.
- Richmond County contains a number of potential destinations and several major employers are located in Westmoreland County.

**Figure 9. Potential Destinations**



**Table 2. Potential Destinations**

<b>Northern Neck</b>				
<b>Destinations</b>				
Type	Name	Address	City	County
Assisted Living	Rappahannock Westminster-Canterbury	132 Lancaster Dr	Irvington	Lancaster
Assisted Living	Warsaw Health Care Center	5373 Richmond Rd	Warsaw	Richmond
College/Voc School	Rappahannock Community College: Warsaw Campus	52 Campus Dr	Warsaw	Richmond
Human Services Agency	Lancaster County Department of Social Services (DSS)	9049 Mary Ball Rd	Lancaster	Lancaster
Human Services Agency	Northumberland County Department of Social Services (DSS)	6373 Northumberland Hwy	Heathsville	Northumberland
Human Services Agency	Richmond County Department of Social Services (DSS)	5579 Richmond Rd	Warsaw	Richmond
Human Services Agency	Northern Neck Technical Center	13946 Historyland Hwy	Warsaw	Richmond
Human Services Agency	Warsaw VEC Field Office	14243 Historyland Hwy	Warsaw	Richmond
Human Services Agency	Westmoreland Department of Social Services (DSS)	18849 Kings Hwy	Montross	Westmoreland
Major Employer	Rappahannock General Hospital	101 Harris Dr	Kilmarnock	Lancaster
Major Employer	The Tides Inn Inc.	480 King Carter Dr	Irvington	Lancaster
Major Employer	Omega Protein Inc.	610 Menhaden Rd	Reedville	Northumberland
Major Employer	Rappahannock Community College: Warsaw Campus	52 Campus Dr	Warsaw	Richmond
Major Employer	Bevans Oyster Company, Inc.	1090 Skipjack Rd	Kinsale	Westmoreland
Major Employer	Potomac Supply Corporation	1398 Kinsale Rd	Kinsale	Westmoreland
Major Employer	Ingleside Plantation Inc.	5872 Leedstown Rd	Oak Grove	Westmoreland
Medical Facility	Rappahannock General Hospital	101 Harris Dr	Kilmarnock	Lancaster

## VI. Assessment of Available Transportation Services and Resources

This section of the plan provides an inventory and rudimentary description of transportation services available in the Northern Neck region. In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of current services. The process included identifying the public transit, human service transportation, and private transportation services in PDC 17.

The process to identify the various transportation resources available in the region was based on:

- Prior knowledge of transportation services in the region; and
- Collection of basic descriptive and operational data for the various programs.

To gain a complete picture as to the breadth of transportation services available within PDC 17, an inventory of providers (both traditional and non-traditional) was undertaken during the workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions.

Table 3 highlights the inventory of available services by provider as identified at the workshop. In some cases, an agency/provider was recognized as a transportation provider in the region but not in attendance. These providers are listed and their associated information is presented by using other sources, including website information and/or via phone interview.

**Table 3. Inventory of Available Services**

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
a) Bay Transit (Middle Peninsula and Northern Neck)	General population; aging (Title III); limited Medicaid; TANF (through a DSS grant); limited Dept. of Rehabilitative Services (DRS)/Disability Services Board (DSB); Community Action Program; agency sells discounted tickets to the general public	30	Demand-responsive 6:00am-6:00pm M-F; serves Middle Peninsula, Northern Neck, and Charles City County	140,000 annual ridership; cost per mile = \$1.15-\$1.20, including driver costs

	(1)	(2)	(3)	(4)
Agency/ Provider	Client Type	# of Vehicles	Trip Characteristics (Times, Destinations, etc.)	# of Trips
b) Northern Neck Rideshare	Long-distance commuters via vanpool; provide carpool matchups; provide Metrocheks based on TDM factors	4 vehicles are registered in vanpool + additional private vehicles	Commutes to NoVA, Dc, Newport News, Norfolk, Hampton Roads, Fredericksburg, Richmond	120 active riders in database
c) ARC of the Peninsula (Branch of Newport News Puller Center)*	Mental retardation program clients		Sheltered workshops, supportive employment, mobile crews	
d) Middle Peninsula/Northern Neck Community Services Board (CSB)	Mental health/mental retardation program clients; substance abuse program; infant program		Cost is \$1.15/mile (including driver costs)	50% Medicaid—9.2 trips/week/client
e) Boys & Girls Club & YMCA (several)*	Club members only		Lancaster and Richmond County have transportation	
f) Rappahannock CSB & Aging	Elderly, mental retardation/mental health, substance abuse; riders must be over 18	65 vehicles (18 for aging; 6 are shared)	6:00am-6:00pm M-F; 6:00am-9:00am, 3:00pm-6:00pm for routes with subscription service; during the day, they have demand-responsive; 26 routes of subscription service among the 2 agencies	156,000 trips (70,000 are LogistiCare-reimbursed trips); (50% Medicaid/ 50% Dept of Rehabilitative or other client programs)  850,000 miles
g) United Way "Volunteer Wheels" program*	People with medical appointments	No agency vehicles; volunteer-based system		
h) Workforce and Investment Board*	TANF clients and youth			
i) Social Services*	Persons with disabilities and persons with low incomes			

\*Not present at the workshop.

Also, a brief, two-page questionnaire was used to assist in the data collection effort, and was distributed at regional workshops. Participants who provide transportation service were requested to complete the survey and send them back for additional documentation. Bay Transit and the Virginia Department of Rehabilitative Services were the only providers that returned completed questionnaires. Table 4 summarizes the information collected from the questionnaires. It provides a greater examination on the amount and type of service available within the region.

**Table 4.      Transportation Providers Survey Data**

<b>Agency</b>	<b>(1) Type of Organization</b>	<b>(2) # of Individuals Organization Serves</b>	<b>(3) Eligibility Requirements</b>	<b>(4) Geographic Area Served by Program</b>	<b>(5) Geographic Coverage of Transportation</b>	<b>(6) Types of Transportation Services Provided</b>	<b>(7) When Transportation Service is Provided</b>	<b>(8) Type of Trips Provided</b>
a) Bay Transit/Bay Aging	Public transit provider; private, non-profit		General public	Middle Peninsula, Northern Neck, New Kent and Charles City	Middle Peninsula, Northern Neck, New Kent and Charles City	Demand-responsive and subscription	M-F 6:00am-6:00pm	Adult day care; child day care; medical; education/training; employment; recreation; shopping; Head Start; social services; public transportation
b) VA Dept. of Rehabilitative Services	Human service agency; public	200 within 7 counties	Persons with disabilities who want to work	Middle Peninsula and Northern Neck		Demand-responsive	Varies; no set schedule	Employment-related transportation

Agency	(9) # of Passenger Trips Provided	(10) # of Vehicles	(11) Total Transportation Operating Costs	(12) Funding for Transportation	(13) Transport People from other Agencies?	(14) Purchase Transportation Services?	(15) Coordinate Transportation with other Agencies?	(16) Problems in Providing Transportation
a) Bay Transit/Bay Aging	140,000	45 (35 are wheelchair accessible); 25 are replacement vehicles; and 5 are new vehicles	\$1,894,295	\$1,191,549 from Federal/State; \$702,746 from Local sources (Total = \$1,894,295)	Yes; a total of 19,230 one-way passenger trips in the amount of \$135,527	No	Yes; provides rides to TANF recipients through a grant from VA DSS	Not enough vehicles to meet demand. Services need to be regionalized; not just county by county.
b) VA Dept. of Rehabilitative Services		2			No	Yes	Yes	Need service during extended hours, weekends; Medical and training-related trips are not being met; no other providers available for employment specific services; problems with crossing county lines for employment opportunities

Figure 10 portrays the service area of the public transit providers in PDC 17. Bay Transit, which also took over Colonial Beach Transit, is the provider that serves the general public in the region. The specific service area for Colonial Beach Transit is depicted separately in Figure 10.

#### Private Transportation Providers

The PDC's private transportation service is very limited. One taxi service, Harmon Homer based in Warsaw, was identified in the region, though several private operators are based in areas neighboring the PDC.

**Figure 10. Service Area of Public Transit Providers**



## **VII. Assessment of Unmet Transportation Needs and Gaps**

An important step in completing this plan included the identification of unmet transportation needs or service gaps. In addition to providing analyses based on demographics and potential destinations, local providers and key stakeholders provided input on the PDC's needs and gaps. This in-depth needs assessment provides the basis for recognizing where and how service for the region needs to be improved. In some cases, maintaining and protecting existing services is identified as a need.

At the Warsaw workshop, representatives from PDC 17 provided input on specific unmet transportation needs in the region. The input focused on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, and people with lower incomes). The discussion also highlighted specific need characteristics, including trip purpose, time, place/destination, information/outreach, and travel training/orientation.

The vast majority of needs identified by workshop participants were described as “cross-cutting” – a need of all three population groups. Unless otherwise noted, each of the following was identified as a cross-cutting need:

### *Trip Purpose*

- Access to jobs that are located outside the region.
- Transportation to educational programs for people with lower incomes.

### *Time*

- Expanded transportation options on evenings and weekends on a regional level.

### *Place/Destination*

- For people with lower incomes, a focus on more trips within the Middle Peninsula, Northern Neck, and Fredericksburg service region.
- Low income persons cannot get to Richmond via Bay Transit, since it does not go there.

- It is challenging to get people to jobs outside the region; higher-paid jobs are outside the region.
- Bay Transit is not particularly “regionalized”; there are problems with too few vehicles to enable cross-county transportation.

### Information/Outreach

- Need local decision-makers “on board” to obtain input and funding. Local county boards and county administrators “need to be there from the beginning”.
- Provide more positive image of how public transportation assists with economic development efforts so that local officials see transit as an investment rather than charity.
- Need to market transit to businesses.
- Need to dispel stereotypes on the intended targets for public transportation (i.e., not only the elderly, disabled, and low-income).
- Need for a clearinghouse of services and related information.
- Need a formal or informal way to bring parties together (e.g. Aging and Disability Resource Center).
- Make efforts to build off the 211 service.

### Travel Training/Orientation

- Train groups to ride public transportation to expand people riding public transportation.

### Other

- Need to address lack of affordable transportation options.
- Expanded access to accessible vehicles for people with disabilities; not enough accessible vans on public transit, and commuter service is mostly not accessible.
- Options beyond public transportation to fill the gaps/limited capacity of vehicles.

- Need to expand the capacity for providing transit service; need supplemental service and cross-jurisdictional service.
- Need ability to tap into non-traditional funding sources; need to expand the breadth of available sources.
- Provision for more bicycle racks on buses, especially for teenagers and college students.

## **VIII. Identified Strategies**

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from key local stakeholders in the region, a preliminary list of strategies was generated. These “strategies” differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. The workshop participants endorsed the following strategies, as listed below:

- 
1. Continue to support and maintain capital needs of coordinated human service/public transportation providers.
  2. Expand availability of demand-response and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.
  3. Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.
  4. Build coordination among existing public transportation and human service transportation providers.
  5. Bring new funding partners to public transit/human service transportation.
  6. Implement new public transportation services or operate existing public transit services on more frequent basis.
  7. Provide flexible transportation options and more specialized one-to-one services through expanded use of volunteers.
  8. Provide targeted shuttle services to access employment opportunities.
  9. Expand access to taxi services and other private transportation operators.
-

## **IX. Priorities for Implementation and Potential Projects**

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, nine specific strategies to meet these needs in PDC 17 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues that each addresses, potential projects that correspond to each strategy, and potential funding sources through the three programs that require the coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

**Strategy: Continue to support and maintain capital needs of coordinated human service/public transportation providers.**

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. This strategy involves appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a coordinated transportation system.

**Unmet Need/Issue Strategy Will Address:**

- Access to accessible vehicles for people with disabilities.
- Options beyond public transportation to fill the gaps in available services.
- Expanded transportation options on evenings and weekends and on a regional level.
- Transportation to educational programs for people with lower incomes.

**Potential Funding Sources:**

- Section 5310
- New Freedom
- JARC

**Potential Projects:**

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

**Strategy: Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.**

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs, as listed below. The primary expense for vehicle expansion would be operating costs—including driver salaries, fuel, and vehicle maintenance. Additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

**Unmet Needs/Issues Strategy Will Address:**

- For people with lower incomes, a focus on more trips within Northern Neck region.
- Transportation to educational programs for people with lower incomes.
- Expanded transportation options on evenings and weekends on a regional level.
- Options beyond public transportation to fill gaps in available services.

**Potential Funding Sources:**

- New Freedom
- JARC

**Potential Projects:**

- Expand current demand-response system to serve additional trips.
- Expand hours and days of current demand response system to meet additional service needs.
- Create same day service under current demand-response system.

**Strategy: Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.**

A greater emphasis can be placed not only on the coordination of actual services, but also on outreach and information sharing to ensure that people with limited mobility are aware of the transportation services available to them. This strategy presents an opportunity for a mobility manager project whose activities could include the promotion of available transportation services.

**Unmet Needs Issues/Strategy Will Address:**

- Clearinghouse of available transportation services and related information.
- Provide more positive image of how public transportation assists with economic development efforts so that local officials see transit as an investment rather than charity.
- Need to dispel stereotypes on the intended targets for public transportation (i.e., not only the elderly, disabled, and low-income).
- Marketing of transit services to businesses.

**Potential Funding Sources:**

- JARC
- New Freedom

**Potential Projects:**

- Mobility manager to facilitate access to transportation services, including:
  - Serving as information clearing- house on available public transit and human services transportation in region.
  - Implementing new or expanded outreach programs that provide potential customers and human service agency staff with information and training in use of current transportation services.
- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.
- Implement marketing campaign targeting specific audiences and routes.

**Strategy: Build coordination among existing public transportation and human service transportation providers.**

One of the issues noted at the initial workshop was the need for a formalized structure to facilitate the improved coordination of public transit and human services transportation in the region. This strategy presents opportunities to improve connections between providers, and expand access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

**Unmet Needs/Issues Strategy Will Address:**

- Bay Transit is not particularly “regionalized”; there are problems with too few vehicles to enable cross-county transportation.
- Expanded access to accessible vehicles for people with disabilities.
- Expanded transportation options on evenings and weekends and on a regional level.
- Expanded capacity for providing transportation services, including cross-jurisdictional service.
- Transportation to educational programs for people with lower incomes.
- Options beyond public transportation to fill the gaps in available services.

**Potential Funding Sources:**

- New Freedom
- JARC
- Section 5310
- Section 5311/Section 5311 (f)

**Potential Projects:**

- Mobility broker to facilitate cooperation between transportation providers, including:
  - Helping establish inter-agency agreements for connecting services or sharing rides.
  - Arranging trips for customers as needed.
  - Exploring technologies that simplify access to information on services.
  - Coordinate services among providers with wheelchair-accessible vans so that these resources can be better accessed throughout the community.
  - Use of human service agency transportation providers as feeder service to fixed routes.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

**Strategy: Bring new funding partners to public transit/human service transportation.**

The demand for public transit-human service transportation is constantly growing, and one of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting these riders to their sites. This approach is applicable to medical, retail, and human services establishments already served, as well as new businesses.

**Unmet Needs/Issues Strategy Will Address:**

- Need ability to tap into non-traditional funding sources; need to expand the breadth of available sources.
- Need to address lack of affordable transportation options.
- Need to expand the capacity for providing transit service; need supplemental service and cross-jurisdictional service.
- Expanded transportation options on evenings and weekends on a regional level.
- Access to jobs that are located outside the region.
- Transportation to educational programs for people with lower incomes.

**Potential Funding Sources:**

- JARC

**Potential Projects:**

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.

**Strategy: Implement new public transportation services or operate existing public transit services on a more frequent basis.**

The service hours for public transit in PDC 17 are limited. New or expanded services in the evenings and on weekends should be considered to expand mobility options in the region, especially to work locations. In addition, services that allow access to key destinations outside the region were identified by workshop participants as an important need.

**Unmet Needs/Issues Strategy Will Address:**

- Need to expand the capacity for providing transit service.
- Need supplemental service and cross-jurisdictional service.
- Expanded transportation options on evenings and weekends on a regional level.

**Potential Funding Sources:**

- JARC

**Potential Projects:**

- Increase frequency of public transit services as possible.
- Convert demand-response services to fixed schedule or fixed-route services as possible.

**Strategy: Provide flexible transportation options and more specialized or one-to-one services through expanded use of volunteers.**

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, and the rural nature of the region is often not conducive for shared ride services. Therefore, the use of volunteers may offer transportation options that are difficult to provide through public transit and human service agency transportation. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

**Unmet Needs/Issues Strategy Will Address:**

- Options beyond public transportation to fill the gaps in available services.
- Expanded transportation options on evenings and weekends and on a regional level.
- For people with lower incomes, a focus on more trips within the Middle Peninsula, Northern Neck, and Fredericksburg service region.
- Low income persons cannot get to Richmond via Bay Transit, since it does not go there.
- Need to address lack of affordable transportation options.
- Options beyond public transportation to fill the gaps/limited capacity of vehicles.

**Potential Funding Sources:**

- New Freedom

**Potential Projects:**

- Implement new or expanded volunteer driver program to meet specific geographic or trip purpose needs.
- Implement new or expanded volunteer driver program to provide same day transportation.

**Strategy: Provide targeted shuttle services to access employment opportunities.**

Limited transportation services to access employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

**Unmet Needs/Issues Strategy Will Address:**

- Access to jobs that are located outside the region.
- It is challenging to get people to jobs outside the region; higher-paid jobs are outside the region.

**Potential Funding Sources:**

- JARC

**Potential Projects:**

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.
- Partnership arrangements with major employers.

**Strategy: Expand access to taxi services and other private transportation operators.**

While taxi service and private transportation providers in the region are extremely limited, additional providers in the surrounding areas provide additional transportation options. Though taxi and private transportation services are more costly, these services may be the best options for area residents particularly for evenings and weekends and for same-day transportation needs. By subsidizing user costs, possibly through a voucher program, there can be expanded access to taxis and other private transportation services. This approach has been employed successfully in other rural areas of the country, particularly as a means to provide people with disabilities with more flexible transportation services.

**Unmet Needs/Issues Strategy Will Address:**

- Access to jobs which are outside the region.
- Expanded transportation options on evenings and weekends on a regional level.
- Bay Transit is not particularly “regionalized”; there are problems with too few vehicles to enable cross-county transportation.
- Options beyond public transportation to fill the gaps/limited capacity of vehicles.

**Potential Funding Sources:**

- New Freedom
- JARC

**Potential Projects:**

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.
- Implement guaranteed ride home program that enables transit customers to use taxi or private transportation providers in case of unexpected emergencies.

## **X. Plan Adoption Process**

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and revised and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and potential projects. Ultimately, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan.

At the third workshop, a more formal endorsement process was discussed with workshop participants. Ultimately, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the state. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

## **XI. Ongoing and Future Arrangements for Plan Updates**

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region to develop an ongoing structure to serve as the foundation for future coordinated transportation planning efforts.

While formal responsibilities and organizational roles will be determined locally in the future, it is anticipated that this ongoing structure will:

- Lead updates for the *Coordinated Human Service Mobility Plan* for PDC 17 based on local needs (but at the minimum FTA required cycle);
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

## Appendix A – Final FTA Guidance on Coordinated Planning Requirements

*The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)*

Final Circulars: [http://www.fta.dot.gov/laws/leg\\_reg\\_circulars\\_guidance.html](http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html)

Final Register Notices: [http://www.fta.dot.gov/laws/leg\\_reg\\_federal\\_register.html](http://www.fta.dot.gov/laws/leg_reg_federal_register.html)

### **COORDINATED PLANNING**

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.
  - a. Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be developed through a process that includes representatives of public and

private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

b. Required Elements. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
- (2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);
- (3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
- (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning process may be different from the agency that will serve as the designated

recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.
  - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.
  - (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at [www.unitedweride.gov](http://www.unitedweride.gov), helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in States and communities

assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.

- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.
- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 , JARC, and New Freedom Programs must be "derived from a locally developed, coordinated public transit-human services transportation plan" that was "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers;

- (e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and
  - (f) Human service agencies funding, operating, and/or providing access to transportation services.
- (2) Passengers and advocates:
- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);
  - (b) Protection and advocacy organizations;
  - (c) Representatives from independent living centers; and
  - (d) Advocacy organizations working on behalf of targeted populations.
- (3) Human service partners:
- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
  - (b) Non-profit human service provider organizations that serve the targeted populations;
  - (c) Job training and placement agencies;
  - (d) Housing agencies;
  - (e) Health care facilities; and
  - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
  - (b) Tribes and tribal representatives;
  - (c) Economic development organizations;
  - (d) Faith-based and community-based organizations;
  - (e) Representatives of the business community (e.g., employers);
  - (f) Appropriate local or State officials and elected officials;

(g) School districts; and

(h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application (see Appendix A) will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

#### 4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should

ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the

coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

## **Appendix B – Mobility Management – Eligible Activities and Potential Projects**

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

- (1) Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:
  - (a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;
  - (b) Support for short term management activities to plan and implement coordinated services;
  - (c) The support of State and local coordination policy bodies and councils;
  - (d) The operation of transportation brokerages to coordinate providers, funding agencies and customers;

- (e) The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- (f) The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- (g) Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Manager can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding – including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

## **Appendix C – Potential Non-DOT Federal Program Guide**

Source – United We Ride Website  
[www.unitedweride.gov/1\\_691\\_ENG\\_HTML.htm](http://www.unitedweride.gov/1_691_ENG_HTML.htm)

### **U.S. Department of Agriculture**

- [Food and Nutrition Service](#)

### **U.S. Department of Education**

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

### **U.S. Department of the Interior**

- [Bureau of Indian Affairs](#)

### **U.S. Department of Health and Human Services**

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

### **U.S. Department of Housing and Urban Development**

### **U.S. Department of Labor**

- [Employment Standards Administration](#)
- [Veterans' Employment and Training Service](#)
- [Employment and Training Administration](#)

### **U.S. Department of Veterans Affairs**

- [Veterans Benefits Administration](#)
- [Veterans Health Administration](#)

## Appendix D – Workshop Attendees

### 1<sup>st</sup> Workshop – PDCs 16, 17, and 18

Name	Organization	County	Type	Phone	E-mail
Jim Schaefer	Rappahannock Area Agency on Aging	PSA 16	AAA	540-371-3375	jschaefer@raaa16.org
Church Walsh	CSB	Middle Peninsula/ Northern Neck	CSB	804-758-5314	cwalsh@mpnw.state.va.us
Ricitam Wilson	RACSB	PD 16	CSB	540-899-4331	rwilson@racsb.state.va.us
Jim Gillespie	Rappahannock Area CSB	PD 16	CSB	540-899-4420	jgillespie@vacsb.stae.va.us
Bob Knox	DMAS		SD	804-371-8854	robert.knox@dmass.virginia.gov
Eileen Jackson	DMAS		SD	804-225-3480	Eileen.Jackson@dmass.virginia.gov
Lorraine A. Justice	Brain Injury Assoc. of VA	Fredericksburg, Middle Peninsula/ Northern Neck	HS	804-986-8073	lajustice32@yahoo.com
Verlane Mack	ERI Employment Resource	Montross, VA	HS/JT	804-493-1200	vmack@eri-va.com
Beth Johnson	MPPDC	Middle Peninsula	PCD	804-758-2311	bjohnson@mppdc.com
Clara Cieri	MPPDC	Middle Peninsula (PDC 18)	PCD	804-758-2311	ccieri@mppdc.com
Vonnie Reynolds	Northern Neck PDC	Richmond	PDC	804-333-1900	vreynolds@nnpdc17.state.va.us
Archita Rajbhandary	RRPDC		PDC	804-367-6001	arajbhandary@richmondregional.org
Ken Pollock	Bay Transit	Middle Peninsula/ Northern Neck	PT	804-758-2386	kpollock@bayaging.org
Kathy Vesley	Bay Transit		PT	804-758-2386	kvesley@bayaging
Ramona Clarkson	Va. Dept. of Rehabilitative Services	Middle Peninsula/ Northern Neck	SD	804-333-4386	Ramona.clarkson@drs.virginia.gov

### 2<sup>nd</sup> Workshop – PDCs 17 and 18

Name	Organization	County	Type	Phone	E-mail
Ramona Clarkson	DRS	Covers 8 counties	CD	804-333-4386	Ramona.clarkson@drs.virginia.gov
Ken Pollock	Bay Transit	Middle Peninsula/ Northern Neck	PT	804-758-2386	kpollock@bayaging.org
Beth Johnson	Middle Peninsula PDC	Middle Peninsula	PDC	804-758-2311	bjohnson@mppdc.com
Clara Cieri	Middle Peninsula PDC	Middle Peninsula	PRC	804-758-2311	ccieri@mppdc.com
Lorraine A Justice	Brain Injury Association of VA (BIAV)	Middle Peninsula/ Northern Neck	HS	804-986-8073	Lajustice32@yahoo.com
Pat Sanders	Bay Transit	Middle Peninsula/ Northern Neck	PT	804-761-4103	Psandmon1@verizon.net
Eileen Jackson	DMAS	State	SD	804-225-3480	Eileen.jackson@dmass.virginia.gov

Name	Organization	County	Type	Phone	E-mail
Vonnie Reynolds	Northern Neck PDC	Lancaster Richmond Northumberland Westmoreland	PDC	804-333-1900	vreynolds@nnpdc17.state.va.us
Jerry W. Davis	Northern Neck PDC	Lancaster Richmond Northumberland Westmoreland	PDC	804-333-1900	jdavis@nnpdc17.state.va.us
Shelley Feese	CSI			540-338-4701	sfeese@camsys.com
Dan Dalton	KFH Group			301-951-8660	ddalton@kfgroup.com
Neil Sherman	DRPT			804-786-1154	Neil.sherman@drpt.virginia.gov

**‘Type’ Key:**

CD = County Department

CSB = Community Service Board

HS = Human Services

JT = Job Training Center

MTP = Medicare Transportation Provider

PDC = PDC Planning Office

PT = Public Transit

SD = Statewide Department

**3rd Workshop – PDCs 17 and 18**

Name	Organization	PDC/County	Phone	E-mail
Beth Johnson	MPPDC	Middle Peninsula	804-758-2311	bjohnson@mppdc.com
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Claudette Henderson	Richmond County DDS	Richmond	804-333-4088	cch159@central.dss.state.va.us
Bruce DeSimone	VITDA	State	804-343-5656	bruce.desimone@vitda.com
Ken Pollock	Bay Transit	Middle Peninsula/ Northern Neck	804-758-2386	kpollock@bayaging.org
Cindy Brown	MP-NN Community Service Board	Middle Peninsula/ Northern Neck	804-758-5314	cbrown@mpnn.state.va.us
Cathy Perkins	MP-NN Community Service Board	Middle Peninsula/ Northern Neck	804-333-6931	cperkins@mpmnn.state.va.us
Tina Dawson	MP-NN Community Service Board	Middle Peninsula/ Northern Neck	804-333-3671	tdawson@mpnn.state.va.us
Kathy Vesley	Bay Transit	Middle Peninsula/ Northern Neck	804-758-2386	kvesley@bayaging

## Appendix E – Demographics of Potentially Transit Dependent Persons

### Northern Neck

#### DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Sq Miles)	House-holds	Popula-tion	Popu-lation Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Auto-less House-holds
511030000000	Lancaster	0.0	0	0	0.0	0	0	0	0
511039901001	Lancaster	17.6	405	708	40.2	180	96	166	53
511039901002	Lancaster	14.8	867	1,118	75.7	457	48	69	29
511039901003	Lancaster	13.9	497	879	63.1	286	55	118	41
511039901004	Lancaster	24.5	450	899	36.7	245	90	165	25
511039902001	Lancaster	21.4	490	1,080	50.4	292	67	199	44
511039902002	Lancaster	8.6	466	1,010	117.1	406	64	151	13
511039902003	Lancaster	6.8	417	800	117.6	253	171	162	76
511039902004	Lancaster	3.9	496	931	235.9	406	147	77	17
511039903001	Lancaster	5.9	734	1,264	212.7	428	75	138	10
511039903002	Lancaster	3.9	551	957	245.3	323	45	111	7
511039903003	Lancaster	3.2	400	885	279.1	479	37	21	13
511039903004	Lancaster	8.5	725	1,036	121.3	375	51	22	40
511330000000	Northumberland	0.0	0	0	0.0	0	0	0	0
511339901001	Northumberland	18.6	685	1,395	74.9	340	118	170	14
511339901002	Northumberland	7.5	403	681	91.2	231	78	94	22
511339901003	Northumberland	23.5	1172	1,617	68.9	574	153	111	81
511339902001	Northumberland	30.8	331	685	22.3	138	64	93	17
511339902002	Northumberland	27.8	962	1,231	44.2	436	177	239	29
511339902003	Northumberland	17.0	611	1,110	65.4	334	119	151	44
511339903001	Northumberland	12.4	637	852	68.8	311	127	131	29
511339903002	Northumberland	6.9	621	851	124.1	385	105	137	5
511339903003	Northumberland	3.5	674	808	228.3	320	73	19	18
511339903004	Northumberland	7.9	492	688	87.6	236	38	27	16
511339903005	Northumberland	16.9	719	1,164	68.9	434	73	95	26
511339903006	Northumberland	19.6	750	1,177	59.9	504	82	238	43
511599901001	Richmond	42.3	478	973	23.0	214	43	164	24
511599901002	Richmond	29.8	542	1,349	45.3	463	114	168	70
511599901003	Richmond	22.8	636	1,478	64.7	303	95	152	63
511599901004	Richmond	40.2	777	1,339	33.3	397	72	229	64
511599902001	Richmond	26.0	696	2,763	106.3	343	207	245	71

### Northern Neck

#### DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Sq Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Auto-less Households
511599902002	Richmond	30.3	383	907	29.9	265	128	134	46
511939901001	Westmoreland	10.7	638	914	85.2	335	175	87	12
511939901002	Westmoreland	14.3	923	1,053	73.9	346	73	169	26
511939901003	Westmoreland	13.0	393	754	58.1	198	72	155	9
511939901004	Westmoreland	10.1	455	638	62.9	195	81	92	33
511939901005	Westmoreland	20.2	467	1,110	55.0	163	119	163	33
511939901006	Westmoreland	23.3	390	876	37.6	163	106	87	27
511939902001	Westmoreland	22.5	609	1,068	47.4	304	36	37	11
511939902002	Westmoreland	8.7	427	898	103.6	232	67	113	36
511939902003	Westmoreland	28.6	604	1,295	45.3	298	166	158	73
511939903001	Westmoreland	14.4	854	1,701	118.0	400	109	119	47
511939903002	Westmoreland	44.4	474	1,239	27.9	204	127	163	65
511939904001	Westmoreland	8.1	424	861	106.7	212	76	74	10
511939904002	Westmoreland	9.2	593	1,121	122.2	331	73	226	24
511939904003	Westmoreland	0.5	400	809	1,515.9	178	65	221	49
511939904004	Westmoreland	0.5	685	1,156	2,528.1	275	179	426	103
511939904005	Westmoreland	0.8	950	1,225	1,478.8	407	93	144	87
		746.1	27,353	49,353	9,368.7	14,599	4,429	6,430	1,695